| ~   | CITY OF TITUSVILLE  |  |                |          |   | No. of Risk Factor/Interventions Violations |   |   |  |  | Date   | 3/2                   | 1/18      | ک       |
|---|---|--|----------------|----------|---|---|---|---|--|--|--|-----------------------|-----------|---------|
| DEPARTMENT OF HEALTH  Establishment Locatio |   |  |                |          | No. of Repeat Risk Factor/Intervention/Violations  n  E. Central Ave. |   |   |   |  | Current<br>Expiration  | 4/4/2  | 018                   |           |         |
|   |   |  |                |          |   |   |   |   | Phone <b>401-770-5772</b>  |  |  |                       |           |         |
|   |   | Permit Holder  | J              |          |   |   | ection  | Est Type  |  | Risk Ca  | tegory   |                       |           | _       |
| rmi   | انسا  | Chevalier  | ر ا            | Routi    | 1   |   | w-up  | (FS) RS   |  | Hig  | • .  | lium (I               | Low )     |         |
|   |   | FOODBORNE ILLNES   |                |          |   |   | •   |   | INTERVEN   | TIONS  |  |                       |           |         |
|   | Circle designa  | ted compliance status (IN, OUT, N/O, I   | •              |          |   |   |   |   | Mark "X" in  |  | ate box for (  | OS and/o              | r R       |         |
| IN  | l = in compliance   | <b>OUT</b> = not in compliance <b>N/O</b> = no   |                | N//      | <b>4</b> = nc   |   |   |   | rected on-site   | e during i   |  |                       | violatio  |         |
| Compliance Status                           |   |  |                |          | Compliance Status   |   |   |   |  |  |  | cos                   | ┙         |         |
| Demonstration of Knowledge                  |   |  |                |          | Potentially Hazar   |   |   |   |  | ous Food Time/Temperature  |  |                       |           |         |
| L   | IN OUT  | Certification by accredited program,   |                |          |   | 16  |   | T N/A N/O   | <del></del>  |  | & temperat   |                       |           | _       |
|   |   | compliance with Code, or correct resp<br>Employee Health   | Jonses         |          |   | 17  |   | IT N/A N/O<br>IT N/A N/O  | <del>                                     </del>   |  | oc for hot ho<br>& temperati   |                       |           | +       |
|   | IN OUT  | Management awareness; policy prese   | ent            |          |   | 19  |   | IT N/A N/O  | •  |  | emperature   |                       | +         | +       |
|   | IN OUT  | Proper use of reporting, restriction &   |                |          |   | 20  |   | IT N/A  | <del>-</del>   |  | temperature  |                       |           | †       |
|   |   | Good Hygienic Practices  |                |          |   | 21  | IN OU   | IT N/A N/O  | Proper date  | e marking  | & dispositi  | nc                    |           | Ī       |
|   | IN OUT N/O  | Proper eating, tasting, drinking, or tobac   | co use         |          |   | 22  | IN OU   | IT N/A N/O  | Time as pu   | blic heait   | h control; p   | roc & rec             |           |         |
|   | IN OUT N/O  | No discharge from eyes, nose, and m  | outh           |          |   |   |   |   |  |  |  |                       |           |         |
|   | IN OUT N/O  | eventing Contamination by Hands Hands clean & properly washed  |                |          |   | 23  | IN OU   | T N/A   | Consumer a   | Consumer Advisory  Consumer advisory provided for raw or undercooked foods             |  |                       |           | Ī       |
|   | IN OUT N/A N/O  | No bare hand contact with RTE foods approved alternate method properly f   |                |          |   |   |   | Hig   | hly Susceptible Populations  |  |  |                       |           |         |
|   | IN OUT  | Adequate handwashing facilities supplied accessible  | <i>&amp;</i> t |          |   | 24  | IN OU   | T N/A   | not offered  |  | sed; prohibit  | ed foods              |           |         |
|   | IN OUT  | Approved Sources Food obtained from approved source  |                |          |   | 25  | IN OU   | Γ Ν/Δ   |  | emical   | ved & proper   | lv used               |           | Ŧ       |
|   | IN OUT N/A N/O  | Food received at proper temperature  |                |          |   | 26  | IN OU   |   |  |  | erly identifie   | ·                     |           | †       |
|   | ļ   |  |                |          |   | 20  | IN OU   | · ·   | used   | Annua  | rad Dyago  | duvoo                 |           |         |
| •   | IN OUT  | Food in good condition, safe & unadu<br>Required records available: shelf stoo   |                |          |   | _   |   |   | ance with  |  | iance, speci   |                       |           | Ŧ       |
| !   | IN OUT N/A N/O  | parasite destruction   |                |          |   | 27  | IN OU   | F N/A   | process, &   |  |  |                       |           |         |
| }   | IN OUT N/A  | Protection from contamination Food separated & protected   |                |          |   | m?-I  | I- 6  | !   |  |  | (al  |                       |           | -1      |
| 1<br>5                                      | IN OUT N/A IN OUT   | Food-contact surfaces: cleaned & san<br>Proper disposition of returned, previo   |                |          |   |   | k factors are improper practices or procedures identified as the most particular factors of foodborne illness or injury. Public Health Interventic control measures to prevent foodborne illness or injury. |   |  |  |  |                       |           |         |
|   | Go  | served, reconditioned & unsafe food<br>od Retail Practices are preventative me<br>pered item is not in compliance Mar  | asures to c    | ontrol   | the a   | dditio                                      | ACTIC<br>n of pat<br>COS ar   | hogens, chemi   | cals and phys<br>corrected or  | ical objec<br>i-site duri  | ts into food   | 5.<br>on <b>R</b> =re | peat viol | lat     |
|   |   |  |                | cos      | R   |   |   |   |  |  |  |                       | cos       |         |
| 3   | 15.   | Safe Food and Water  |                |          |   |   |   | In use of the   | Proper Us  |  | ensils   |                       |           | -       |
|   |   | ized eggs used where required  k ice from approved source  |                |          |   | 41<br>42                                    |   | In-use utensil:<br>Utensils, equir  |  |  | ored, dried 8  | handled               | +         | +       |
|   |   | obtained for specialized processing methods  |                |          |   | 43  |   | Utensils, equip & linens: properly stored, dried & handle<br>Single-use& single-service articles: properly stored & use |  |  | -  |                       | †         |         |
| )   | · · · · · · · · · · · · · · · · · · ·                                       | Food Temperature Control   |                |          |   | 44  |   | Gloves used p   | roperly  |  |  |                       |           | I       |
| )   |   | cooling methods used; adequate equip<br>ature control  | ment for       |          |   |   |   | Ute   | nsils, Equip   | ment an  | d Vending  |                       |           |         |
| )   | LEHIDM  | temperature control  |                |          |   | 45  |   | Food & non-food contact surfaces cleanable, properly  |  |  | perly  |                       | 1         |         |
| )<br>L                                      | <del>                                     </del>                            | Plant food properly cooed for hot holding  |                |          |   |   |   | designed, constructed & used  |  |  | +  | +                     |           |         |
| )<br>L                                      | Plant fo  |  |                |          |   | 46  | L   | Warewashing facilities: installed, maintained, used: test strips  Non-food contact surfaces clean                       |  |  |  |                       | +         | +       |
| )<br>L<br>2                                 | Plant fo  | ed thawing methods used  |                |          |   | 46<br>47                                    |   | HOIT IGOG COM   | act surfaces (   |  |  |                       |           |         |
| )<br> <br>                                  | Plant fo  | ed thawing methods used  |                | <u> </u> |   | _   |   |   | Physica  | al Facilit   |  |                       | _         | -       |
| )<br> <br>                                  | Plant fo Approv Thermo  | ed thawing methods used ometers provided & accurate Food Identification roperly labeled; original container  |                |          |   | 47<br>48                                    |   | Hot & cold wa   | Physica<br>ter available;  | al Facilit<br>adequat  | e pressure   |                       |           | Ī       |
| )<br>1<br>2<br>3                            | Plant fo Approv Thermo  | ed thawing methods used ometers provided & accurate Food Identification roperly labeled; original container revention of Food Contamination  |                |          |   | 47<br>48<br>49                              |   | Hot & cold wa<br>Plumbing inst  | Physica<br>ter available;<br>alled; proper   | a <b>l Facilit</b><br>adequate<br>backflow   | e pressure<br>devices  |                       | -         | [<br> - |
| )<br>1<br>2<br>3                            | Plant for Approv Thermo   | ed thawing methods used ometers provided & accurate Food Identification roperly labeled; original container  |                |          |   | 47<br>48                                    |   | Hot & cold wa   | Physica<br>ter available;<br>alled; proper   | a <b>l Facilit</b><br>adequate<br>backflow   | e pressure<br>devices  |                       |           |         |
| )<br>1<br>2<br>3<br>4                       | Plant fo Approv Thermo Food p Insects unauth Contam                         | ed thawing methods used of the provided & accurate food Identification reperly labeled; original container revention of Food Contamination, rodents & animals not present; no orized persons ination prevented during prep, storage & animals of the provided & animals of the provided persons ination prevented during prep, storage & animals of the provided & accurate for the provided & acc | display        |          |   | 48<br>49<br>50                              |   | Hot & cold wa<br>Plumbing insta<br>Sewage & was<br>Toilet facilities  | Physica<br>ter available;<br>alled; proper l<br>ste water pro<br>properly co                                       | al Facilit<br>adequate<br>backflow<br>perly disp<br>nstructed                          | e pressure<br>devices<br>posed<br>, supplied &                                 |                       |           |         |
| 9<br>0<br>1<br>2<br>3<br>4<br>5<br>7<br>8   | Plant for Approve Thermore Food proves Insects unauth Contam Persons        | ed thawing methods used ometers provided & accurate Food Identification roperly labeled; original container revention of Food Contamination, rodents & animals not present; no orized persons ination prevented during prep, storage & al cleanliness  | display        |          |   | 48<br>49<br>50<br>51<br>52                  |   | Hot & cold wa<br>Plumbing insta<br>Sewage & war<br>Toilet facilities<br>Garbage & ref                                   | Physica<br>ter available;<br>alled; proper l<br>ste water pro<br>s: properly con<br>use properly                   | al Facilit<br>adequate<br>backflow<br>perly disp<br>nstructed<br>disposed              | e pressure<br>devices<br>posed<br>, supplied &<br>; facilities m               |                       |           |         |
| 9<br>0<br>1<br>2<br>3<br>4<br>7<br>8        | Plant for Approve Thermore Food proves Insects unauth Contam Persons Wiping | ed thawing methods used of the provided & accurate food Identification reperly labeled; original container revention of Food Contamination, rodents & animals not present; no orized persons ination prevented during prep, storage & animals of the provided & animals of the provided persons ination prevented during prep, storage & animals of the provided & accurate for the provided & acc | display        |          |   | 48<br>49<br>50                              |   | Hot & cold wa<br>Plumbing insta<br>Sewage & was<br>Toilet facilities  | Physica<br>ter available;<br>alled; proper l<br>ste water pro<br>s: properly con<br>use properly<br>ies installed, | al Facilit<br>adequate<br>backflow<br>perly disp<br>nstructed<br>disposed<br>maintaine | e pressure<br>devices<br>posed<br>, supplied &<br>; facilities m<br>ed & clean | aintained             |           | 7       |

|   |                          | FOOI      | D ESTABLISHMENT                                  | INSPECTION F              | REPORT     |             |                     |  |  |
|---|--------------------------|-----------|--|---------------------------|------------|-------------|---------------------|--|--|
|   | F TITUSVILI<br>MENT OF H |           | GREASE TRAP INSTALLED Yes No                     |                           |            | Date 3 2 18 |                     |  |  |
| Establishme<br>CVS/phare                            | ent<br>macy #509         | 7         | Address/City/State/Zip Co<br>110 E. Central Ave. | Phone <b>401-770-5772</b> |            |             |                     |  |  |
|   |                          |           | TEMPERATURE C                                    | BSERVATIONS               |            |             |                     |  |  |
| Item/L  | Item/Location Temp       |           | Item/Location                                    | Temp                      | Item/Loc   | ation       | Temp                |  |  |
| mil 410   |                          | 410       |  |                           |            |             |                     |  |  |
| Par 37º   |                          | e /       |  |                           |            |             |                     |  |  |
| Ice Cross - 8                                       |                          |           |  |                           |            |             |                     |  |  |
|   |                          |           |  |                           |            |             |                     |  |  |
|   |                          |           |  |                           |            |             |                     |  |  |
|   |                          |           | OBSERVATIONS AND C                               | ORRECTIVE ACTION          | IS         |             |                     |  |  |
| Item  |                          |           |  |                           |            |             |                     |  |  |
| Number  |                          |           | ust be corrected within the                      | . ^                       |            | ons 8-405.1 | 1 of the food code. |  |  |
|   | 100                      | 3410'M100 | Olomani Ka                                       | or cy in                  | 1 spoter   |             |                     |  |  |
|   |                          |           |  |                           |            |             |                     |  |  |
|   |                          |           |  |                           |            |             |                     |  |  |
|   |                          |           |  |                           | <u>.</u> . |             |                     |  |  |
|   |                          |           |  |                           |            |             |                     |  |  |
|   |                          |           |  |                           |            |             |                     |  |  |
|   | <u> </u>                 |           |  |                           |            |             |                     |  |  |
|   |                          |           |  | · .                       | ,          |             |                     |  |  |
|   |                          |           |  |                           | ·. ·       |             |                     |  |  |
|   |                          |           |  |                           |            |             |                     |  |  |
|   |                          |           |  |                           |            |             |                     |  |  |
|   |                          | ,         | · · · · · · · · · · · · · · · · · · ·            |                           |            |             |                     |  |  |
|   |                          |           |  |                           | <u> </u>   |             |                     |  |  |
|   |                          |           |  |                           |            |             |                     |  |  |
|   |                          |           |  |                           |            |             |                     |  |  |
|   |                          |           |  |                           |            |             |                     |  |  |
| Person in Charge (Signature) 1 line 2 Date: 3/21/18 |                          |           |  |                           |            |             |                     |  |  |
| Inspector (5  | Signature)               | Kata      | <b>XX</b>  |                           |            | Date:       | 3/11/18             |  |  |